INSTRUCTIONS FOR COMPLETING SELECTED ITEMS ON APPLICATION

PART A INSTRUCTIONS

SECTION I: Complete all items.

SECTION II: Complete this section ONLY if you are currently in practice. This

site may or may not be the site where you will provide SLRP services. If this current site is not your SLRP site, you must

identify the SLRP site in item VI.

It is important that you identify an EMAIL address for the purpose of mass communication to SLRP providers during the course of the SLRP contract. The EMAIL address may be either through your

employment or through your home computer.

SECTION III: Complete all relevant items.

SECTION IV: Please note that only the graduate/professional loans that relate to

your SLRP service are eligible for repayment. All undergraduate loans are not eligible. Indicate <u>all</u> eligible loans in this section. Indicate the original lenders, not the current holders of the promissory notes (i.e, consolidators). The academic period covered by the loans must not be greater than the period of enrollment for graduate or professional education, and must cover the specific period of time during which your loan(s) was/were

effective.

SECTION V: Your signature certifies that you have read and understood all of

the information above and authorizes the Michigan Department of Community Health to obtain the information needed to qualify you and your loans for the benefits of this program. If any information provided in the SLRP application is found to be false or

intentionally misleading, this will constitute a default of this agreement and will result in the application of all default penalties

described in the SLRP contract.

PART B INSTRUCTIONS:

(A separate Part B must be completed for each student loan identified in Part A, Section IV).

SECTION I: To be completed by Borrower.

Only those loans made to you for the purpose of pursuing graduate or professional education qualify for repayment under provisions of the Michigan Essential Health Provider Act. Loans made to you as an undergraduate do not qualify. Loans from private lenders (e.g., banks) may qualify if documentation is provided indicating the loan was made to cover eligible educational expenses. Loans from family or private individuals do not qualify as eligible SLRP debt.

SECTION II: To be completed by Borrower.

Item 6: Give the full name of the loan or loan program (e.g., Guaranteed Student Loan Program). If you have two or more different loans

through the same lender, you much complete one of these forms for each loan (e.g., Guaranteed Student Loan, Michigan Direct

Student Loan).

Items 7 & 8: Give the name and address of the lender that originally made the

loan(s) to you.

Items 9 & 10: If your lender sold your promissory note(s) to a secondary market

or other such holder, give the name and address of the current holder of the loan(s). Such a sale would have resulted in your making payments to an agency other than your original lender.

This includes "consolidated" loans.

Item 11: Provide discrete identifiers of your loan(s).

Item 12: The dates may reflect only the period of your enrollment in the

school providing your professional training, or a portion of that period, but may not extend beyond that period (i.e., 06/82 - 05/86).

Refer to instructions below for Item 20. Part B.

After completing Section I and II, mail or fax the entire Part B form to your lender and have the lender mail or fax the completed Sections III, IV, and V to you. It is recommended that this communication to and from your lender be by fax in order to expedite this potentially lengthy process. Then include all send to

MDCH with the rest of your application materials.

SECTION III: To be completed by holder of notes.

All items in this section must be completed by your lender(s). These items assume that all loans were made through the same loan program and that the notes have been consolidated. Information in these items must reflect loans made only for graduate or professional education. Make additional copies of Part B to send to each lender. If you have a consolidated loan, you may use just one Part B form, but will identify each separate loan number on this form.

Item 20: The note dates must fall within the academic period dates given by

the borrower in Section II, unless there was an authorized early

issue or late disbursement of the loan.

SECTION IV: To be completed by holder of notes.

SECTION V: To be completed by holder of notes. A signature is required.

All items in this section must be completed.

After you complete Section I and II, forward (by fax or mail) to each of your lenders (or consolidated lender) and have your lender(s) complete Sections III, IV, and V. Have your lender(s) mail or fax these completed Part B forms to you. Then send the entire Application (Part A, Part B form(s), W9 Tax form, Payee Registration Form, Letter of intent to employ from your employer, and site application(s) to:

Attn: Kenneth Miller
Michigan Department of Community Health
Health Policy, Regulation & professions Administration
Health Care Workforce Section
Capitol View Building, 7th Floor
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Lansing, MI 48913

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